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| **Employee Information** |
| Dept/Office/Section/Unit:  |       | Employee Personnel #:  |       |
| Employee Name:  |       | Performance Year:  | 7/01/2019 - 6/30/2020 |
| Employee Title:  |       | Evaluation Period: | 7/01/2019 - 6/30/2020 |

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| **Initial Planning Session** |
| **Step #1 - Evaluating Supervisor (SCS Rule 10.2):** |
| Signature: |  |
| Personnel #: |       | Date Given to Second Level Evaluator: |       |
| **Step #2 - Second Level Evaluator (SCS Rule 10.3):** |
| Signature |  |
| Personnel #: |       | Date Approved *(Must be on or before planning session):* |       |
| **Step #3 - Employee:** |
| Employee Signature: |  | Date: |       |
| *By signing and dating this form, I am certifying that my evaluating supervisor conducted a planning session with me on the date shown.* |
| ***Updated Planning Sessions (Optional):*** |
| Date Conducted: |       | Supervisor Initial: |       | Employee Initial: |       |
| Date Conducted: |       | Supervisor Initial: |       | Employee Initial: |       |
| Date Conducted: |       | Supervisor Initial: |       | Employee Initial: |       |
| **Agency Human Resources Office Use Only (Optional)** |
| Date Planning Received in Human Resources:  |       | Human Resources Staff Initial:  |  | Evaluating Supervisor Compliance (Y/N) |       | Second Level Evaluator Compliance (Y/N) |       |
| **Evaluation Session** |
| **Step #1 - Evaluating Supervisor (SCS Rule 10.2):** |
| Signature: |  |
| Personnel #: |       | Date Given to Second Level Evaluator: |      |
| **Step #2 - Second Level Evaluator (SCS Rule 10.3):** |
| Signature: |  |
| Personnel #: |       | Date Approved *(Must be on or before evaluation session):* |       |
| **Step #3 - Employee:** |
| Employee Signature: |  | Date: |       |
| *By signing and dating this form, I am certifying that my evaluating supervisor conducted an evaluation session with me on the date shown.* |
| ***Employee Statement (Only if Employee is NOT Signing Form for purposes of Evaluation):*** *[ ]  I have decided not to sign this form, but I acknowledge that I received a copy of the evaluation and understand that my failure to sign will not prohibit the evaluation from becoming official for the performance year.* |
| ***If employee did not sign above, or chose not to sign the form, please indicate whether the employee was given or mailed a copy of the evaluation below:*** |
| Mailed | ☐ | Given | ☐ |
| **Overall Evaluation:** (Select only one evaluation) | [ ] Exceptional | [ ] Successful | [ ] Needs Improvement/Unsuccessful |
| [ ] Not Evaluated | [ ] Unrated - If Unrated, select sub-category: | [ ] *Never Rendered* |  | [ ] *Untimely* |  | [ ] *Violation of Chapter 10* |  |

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| Agency Human Resources Office Use Only (Optional) |
| Date Evaluation Received in Human Resources:  |       | Human Resources Staff Initial:  |  | Evaluating Supervisor Compliance (Y/N) |       | Second Level Evaluator Compliance (Y/N) |       |

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| **Employee Name:** |       | **Employee Personnel #:** |       |
| Agency Mission / Goals / Standards:The mission of Southeastern Louisiana University is to lead the educational, economic and cultural development of Southeast Louisiana. |
| Department Mission / Goals:        |
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| **Work and Behavior Expectations (at least one each):** | [Bank of Expectations](https://apps01.civilservice.louisiana.gov/asp/referenceandreporting/pesbankofexpectations.aspx) |
| **1-COMPLIANCE** - Obeys all rules, regulations, policies and procedures pertaining to any aspects of your duties, including participating in required training programs; **2-CUSTOMER SERVICE** - Provides exemplary, ethical and cooperative customer service to all faculty, staff, students and visitors to campus; **3-COMMUNICATION** - ; **4-DEPENDABILITY** - ; **5-INITIATIVE** - ; **6-INTERPERSONAL** - ; **7-PROFESSIONALISM** - ; **8-WORK PRODUCT** -  |
| ***Documentation / Comments*** |